Seasonal Influenza Vaccine
Inactivated, Injectible

Manufacturer Sanofi Pasteur

Brand Name **Fluzone®**

Age **6 months of age and older**

Dose/Presentation 0.25 ml prefilled syringe (thimerosal mercury content = 0 mcg)
0.5 ml prefilled syringe (thimerosal mercury content = 0 mcg)
0.5 ml vial (thimerosal mercury content = 0 mcg)
5.0 ml multi-dose vial (thimerosal mercury content = 25 mcg/0.5 ml dose)

Storage Refrigerate immediately. Store at 2º-8º C (35º-46º F). **Do not Freeze.**

Injection Site Anterolateral aspect of the upper thigh or upper arm in the deltoid muscle

Route Intramuscular (IM)

Needle Size 22 to 25 gauge, ⅞ to 1¼ inches

Administration May be administered simultaneously or at any interval between doses with inactivated or live antigen.

Schedule for Fluzone® vaccination

Age	Dose	Number of Doses	Route and Site
6 – 35 months	0.25 ml	1 or 2*	Intramuscular (IM) in Anterolateral aspect of thigh or Deltoid if muscle mass is sufficient
3 - 8 years	0.5 ml	1 or 2*	Intramuscular (IM) in Anterolateral aspect of thigh or Deltoid if muscle mass is sufficient
9 years and older	0.5 ml	1	Intramuscular (IM) in deltoid muscle

* Children age 6 months-8 yrs may need more than one dose.
Refer to the Seasonal Influenza dosing chart: http://www.kdheks.gov/flu/index.html

Vaccination efforts should begin as soon influenza vaccine is available and continue through the influenza season

Contraindications to Influenza vaccination:

1. Persons with a severe allergic reaction to a previous dose of influenza vaccine
2. Refer to a physician with expertise in management of allergic conditions for further evaluation if following a influenza vaccine the person had immediately cardiovascular changes, respiratory distress, GI, reaction requiring epinephrine or emergency medical attention.**
3. Persons with acute febrile illness, until their symptoms have abated

Precautions:

1. Persons who developed Guillian-Barre′ (GBS) within 6 weeks of a previous influenza vaccination
2. The prefilled syringes may contain natural rubber latex which may cause allergic reactions in late sensitive individuals.
3. Persons with a history of egg allergy who have experienced only hives after exposure to eggs should receive TIV vaccine, with the use of additional safety measures. Observe for at least 30 minutes for signs of a reaction.**
4. Data supporting the safety and effectiveness in pregnant and nursing women or children < 6 months is not established.

Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967

Medical Director's Signature: _____ Effective Date: _____

Reference:

MMWR 8/ 17, 2012 / Vol. 61 / No. 32; 613-618 **http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm?s_cid=mm6132a3_w**
Drug Insert: **http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM305089.pdf**
CDC Influenza website http://www.cdc.gov/flu
KDHE Influenza website http://www.kdheks.gov/flu/index.html*

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